|  |  |  |  |
| --- | --- | --- | --- |
| **Associate Name:**  |   | **Associate ID #:**  |   |
| **Date of Hire:** |   | **Position:**  |   |
| **Property/Department:** |   | **Community Manager:**  |   |
| **Regional Manager:** |   | **Date Delivered:** |   |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Action:**  |   | Warning |  |   | Final Warning |

**Identify Performance Problem or Unacceptable Behavior:**

|  |  |  |
| --- | --- | --- |
| **Unacceptable Behaviors** |  | **Performance Problems** |
|   | Absenteeism or Tardiness |  |   | Unsatisfactory Customer Service |
|  |  |  |  |  |
|   | Insubordination |  |   | Unsatisfactory Job Performance  |
|  |  |  |  |  |
|   | Other (describe below): |  |   | Other (describe below):  |
|  |  |  |  |  |
|   |  |   |

|  |
| --- |
| **Detailed description of current incident/issue (include supporting details, dates, locations, etc.):** |
|   |
| **Previous action taken to address issue/behavior (include dates, reason, communications with associate, and names of those who spoke to associate):**  |
|   |
| **Company policy or procedure related to issue/behavior:** |
|   |
| **Changes necessary to resolve issue/behavior, including timeframe:** |
|   |

**Associate’s Comments:** [ ] I agree [ ]  I disagree

**Acknowledgement:**

I have read and understand this document. I further understand this is a written consultation with the intent to bring my attention to the issues. I understand that if I fail to correct this behavior, or any other rule violation, it may result in further disciplinary action up to and including termination. The absence of any statement on my part indicates my agreement with the report as stated.

**Note:** Essex does not have a progressive discipline policy. Your at-will employment status with the Company is not altered in any way by this corrective action. Termination of employment may occur at any time, for any reason or no reason, with or without notice. **Failure to make immediate and sustained improvement on the items noted above or further violation of Company policies and procedures may result in disciplinary action, up to, and including, termination.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Associate’s Signature:**  |  | **Date:** |   |

|  |
| --- |
|   |

 Print Name

|  |  |  |  |
| --- | --- | --- | --- |
| **Manager’s Signature:**  |  | **Date:** |   |

|  |
| --- |
|   |

 Print Name

|  |  |  |  |
| --- | --- | --- | --- |
| **Witness’ Signature:**  |  | **Date:** |   |

|  |
| --- |
|   |

 Print Name

MANAGER: PLEASE EXPLAIN TO THE ASSOCIATE THAT A RECORD OF THE CORRECTIVE ACTION WILL BE RETAINED IN HIS/HER PERSONNEL FILE.

|  |
| --- |
| HR USE ONLY |
| AR Representative Approval Name / Signature: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Follow Up Date: |   |